

ALLEN (No)

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LAWS OF MATERNITY.

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THERE is a large class of facts which, for discussion and a better understanding, seem to come, more properly than anywhere else, under the heading of this paper. These facts are so constantly passing under the observation of medical men, and entering into their studies, that they should be more thoroughly understood. Connected with these laws, there are some problems not easily solved, and, while we may not be able to throw much light upon them, we may start inquiries which will lead to important results.

Our aim in the present discussion will be of a *suggestive* nature, but far from exhausting the subject.

The laws of maternity are based upon physiology, and, as we have been accustomed to interpret their operations for many years, we are not inclined at first to call in question their correctness. Their performance may be normal or abnormal, without our discovering exactly where the true line runs. We see a great difference in the action of these physiological laws, and that some work far better than others, but we do not stop to ascertain the cause. One of the most important of these maternal laws is that the mother should nurse her offspring—that she should furnish a proper and healthful supply of milk. It is a primary law of nature that when it makes a demand, it invariably furnishes a supply. If there are found exceptions to this general law, there must be some well-grounded cause.

When Sir Astley Cooper, fifty years ago, wrote his great work upon the "*Anatomy and Diseases of the Breast*," he

took it for granted that all women could nurse their offspring, except in case of disease or malformation. After discussing the great advantages, both to the mother and the child, from nursing, he admits there are exceptions to this practice in these words: "Some women are prevented from suckling by want of milk; some by want of strength; some from a deficiency of the nipple, but too frequently it is the result of caprice, the fear of trouble, the dread of spoiling the figure and from anxiety to avoid the confinement which it enforces; and in some, from the contrary desire of having many children." These sentiments of Sir Astley Cooper have been the prevailing opinions of the profession, both in Europe and in this country. Of course, a large latitude has been given to opinions on the subject. It is impossible to find out exactly to what extent the ability in mothers exists at the present day to nurse; then, the practice does not always correspond with the ability, as some prefer to employ "wet nurses," and others who might probably nurse, resort, for various reasons, to feeding by hand or the use of the bottle. Besides, the course pursued in this matter, varies very much with different classes in the community, according to convenience, fashion and means.

But there can be only one opinion among physicians and others, which is, the mother should nurse her offspring,—this is a natural law, and in a normal state of physiology, the interests of both the child and the mother demand it. The excuses for not observing this law are so many, and so obscure and complicated that it is very difficult to determine, when and how far they are justifiable. There are women

who, on account of weaknesses and diseases, should not attempt to nurse; this physicians and all good judges will sanction, but others decline, whose excuses will not bear examination. The laws of maternity are here frequently trifled with and violated in a shocking manner.

Nature in its normal state or highest development, has made ample provision, in the organization of woman for nursing her offspring. But, in order to provide this nourishment, pure in quality and abundant in quantity, she must have a well-balanced organization, especially a good development of the lymphatic and sanguine temperaments, together with vigorous and healthy digestive organs. The mammary and other glands should be neither too large nor too small. If there is a great predominance of the brain and the nervous system, and a constant strain is made upon these parts, thus requiring a large amount of nutrition, there will be a failure in lactation.

It has long been observed that there are great differences among women as to qualifications for nursing; some furnish an abundance of milk, some only a partial supply, while others furnish scarcely any. Why should there exist such differences? Why should not the primary causes be more thoroughly investigated? It is surprising how ignorant or indifferent the profession itself is on this subject. In confirmation of this statement we make a quotation from an address before a large body of physicians, by a Professor of Obstetrics and Diseases of Women in one of the oldest and largest medical schools in the country. Says this professor: "Why do American born females make such poor wet nurses compared with the immigrant from Ireland or Germany? After nearly thirty years of practice, I cannot answer the question. That it is the fact, few practitioners in our cities and large towns doubt. Allow that some women with us, as with foreigners, object to being bound to their children's call, yet the mass of

American females are totally unable to act the wet-nurse with success."

This acknowledgement was made some years since, but similar statements and inquiries have been made in our hearing by physicians who have had a large obstetric business for many years, and were thoroughly posted in other departments of medical practice. Instead of studying into the physiology of women, and inquiring what there was in their organization that made these differences, attention has been directed almost exclusively to the means of providing an artificial supply. The ingenuity of chemists and physicians has been taxed to the utmost to invent a substitute for breast-milk. Experiments have been tried over and over again upon this and that preparation.

The manufacture and sale of "Infant Food," has become a great business. At first the milk of the cow was the chief dependence, but on account of the difficulty of obtaining this just when wanted, in quality and quantity to suit, and because the demand rapidly increased, resort has been had to artificial preparations. These are now advertised and pushed into the market the same as quack medicines. Some of them have a great sale and large profits are made in the trade.

Upon making inquiry, a retail druggist in our own city named over twenty-five different preparations of infant food, with which he was conversant, and as other localities might have different kinds, the whole number must be much larger. It was mentioned that this food cost some families near a hundred dollars to rear an infant. If the mother could nurse the infant, all this expense would be saved, besides an immense amount of care and labor in preparing the food and taking care of bottles.

Connected with this part of the discussion, it may be proper to say a word on the use of the bottle. Formerly different sizes and kinds of bottles were used, by simply attaching a nipple to the mouth.

Some twenty-five years ago, a Mr. S. M. Burr, of Boston, got a patent upon a new style of bottle, imitating the form of the breast, with a small rubber pipe,—four or five inches long, and the nipple fastened to the end of this pipe. This was a great improvement upon the old practice, and the demand for these bottles increased to such an extent that from the best information we can obtain, the sales in the Boston market alone have amounted, in some years, to seventy-five thousand and upwards.

In reply to a letter for information, from Whitall, Tatum & Co., one of the largest manufacturers of bottles in the United States, dated New York, June 24, 1885, they write, "As a rough estimate we should consider that the number of nursing bottles annually used in this country, would not fall short of ten thousand gross, and may greatly exceed that. The number of bottles used would not, however, indicate accurately, the number of families using them, as some with care would use one, while others would have ten." While we cannot ascertain the exact number of families, or the relative proportion, who use nursing bottles, it is evident that the number is very large, and is every year increasing. Two facts should be borne in mind, that no such demand formerly existed, and cannot be found at the present time among any other people or nation.

The great change in this matter of nursing, between the women of the present day and their mothers, and grand mothers, and then, the contrast in this respect, compared with the Irish, English, and German women, excite much curiosity and inquiry. The women of no race or nation in the history of the world, in such large numbers, as far as we can learn, have ever reached such an anomalous relation in respect to offspring. It is not at all surprising that such a class of facts should call out many inquiries,—What does it mean? How can we account for it? Nurses, and the mothers themselves have, again and

again asked the question. Now, if this failure in nursing occurred only occasionally, here and there in a woman, as it formerly did in New England, or as it now does among women of foreign nationality, it would not be so strange, nor would it attract so much attention. But when the failure occurs in the great majority of mothers,—when only now and then one can fully nurse her offspring, what does it mean? And when too, this failure is relatively increasing every year, what can be the cause? And, what is to be the result, if this change is to increase more and more?

A satisfactory answer or explanation to these questions is not easy. Sir Astley Cooper, in describing the growth or evolution of the mammary gland from the fourteenth year of age to twenty, gives the caution that there should not be allowed any extended pressure or restraint which could prevent its natural growth, as a good development here constituted one of the most marked signs of womanhood. It would seem that this has been a prevailing sentiment among all classes of people, from the attempts to supply by artificial means, what nature has failed to accomplish.

From the writings of Sir Astley Cooper and of others, wherein they have attempted to give reasons why women did not or should not nurse, it is generally accounted for by some malformation or positive weakness or disease. This, of course, would apply to exceptional cases which are found only here and there. But when the failure is general—when it includes the great majority of women,—women who have good health and no organic disease,—what can be the cause? It is very evident, the failure does not originate from a single cause, or from the agency of one individual, but the causes must be of a general character, applicable more or less to all.

We here propose a theory or mode of explaining these anomalous facts, which is

radical and fundamental. It is based upon a rational and sound physiology, we believe, and harmonizes perfectly with all its laws. It is more than thirty years since this theory, combined with other issues, broke upon our mind, and no small amount of study and reflection has served only to confirm its truth. If the views we entertain upon this and kindred topics, should ultimately be proved true, language cannot express their value or importance.

In order to understand this theory, certain principles of physiology and the changes to which they are subjected, must pass under a careful review. The function of lactation is a part of the organism upon which the great law of propagation is based. The Creator, we believe, has established in physiology a *normal standard*, based upon perfectionism of structure and function, which constitutes the groundwork of most important laws. The secret of this standard consists in the balance or harmony of all parts of the body. There must not be an extreme development, either excessive or deficient, in any one class of organs.

Now, the nearer the body, in all its parts, approaches this standard in its structure and function, the greater the advantages it possesses for the production and support of children. If the brain and nerve tissue predominate altogether, over the muscular and lymphatic temperament, it is decidedly unfavorable to the family relation. It should be borne in mind that the constant exercise of any part of the body, increases its size and strength. Then, by the law of inheritance, the organs that are relatively the largest, and have the most vitality, are transmitted in a similar and, perhaps, in an intensified form, so that the evil increases in each generation.

Thus the organization of our New England women has, for two or three generations, been passing through important changes. We do not find in them that largeness of size, that fullness of outline, that harmony of proportion and physical

strength which existed in their mothers and grand-mothers. Our young women, as a general thing, have not been trained up to house-work or physical exercise of any kind, that develop and strengthen the muscles and give power of endurance. At the same time, the lymphatic and sanguine temperaments are not developed in proportion to the nervous. This disproportion operates unfavorably upon the maternal relations.

This general failure in nursing cannot arise from local causes—from any difficulty with the nipple or breast alone. The evil is not confined to an individual, nor to any class of persons. The causes must be general and have become constitutional. There must be some changes in the physical system of women which interfere with the maternal functions in this direction. No law in physiology is better established than that when particular parts or organs of the body are constantly exercised, they increase in size, strength and vitality, at the expense of other parts, from which nourishment is withdrawn. In this way, may not a class of organs, or one temperament become altogether too active and predominant over others? Is it not possible that the development of the body may become, one-sided and fail, more or less, in discharging functions which nature intended? May not such changes apply more effectually to the organization of woman, as she is charged with extra or specific duties? Inasmuch as a portion of her organism is not indispensable for the support of her life, would not this part be likely to suffer first and most?

If a careful survey was made of the anatomy and physiology of our women becoming mothers, what should we find? What, as to the nipple and mammary gland in their adaptation for nursing? Besides, in order to furnish a sufficient supply of milk, there must be a good appetite and strong digestive organs, which are not common in such cases. But there is generally found a marked predominance of the

nervous temperament, together with great sensitiveness throughout the whole system, which has always been considered unfavorable for the production of milk.

If all the physical qualities described in books as essential to a good wet-nurse, were brought into comparison with those of Yankee mothers, we shall find a great failure in this respect. Let us compare the physical development of our women with those of the Irish, Scotch, English, and German women. What flat and narrow chests in the former, what a want of fullness and plumpness of body, what small and weak muscles, what a failure in the accumulation of adipose tissue as well as in the development of the lymphatic system generally! These qualities are closely identified with the laws of maternity.

Perhaps, if a more general application of these laws be made, it will throw new light upon the subject. What is the design and adaptation of woman's organization with reference to family life? The fact was established some years since, from a careful examination of over one hundred thousand cases in the Registration Reports of Scotland, that married women bearing children, live longer, on an average, and have better health than those who are childless. In fact, all history proves that in the case of women, married life and the production of children tend to promote health and prolong life. This is necessary for the perfection of her organization and the highest development of her character. It accords, moreover, with physiological laws in a normal state.

It should be borne in mind that these facts have been established only where these laws have been properly observed. Abundant illustrations of such facts may be found at the present day in Great Britain, and once existed in New England. While physiology is the same that it ever was, we have good reason to believe that important changes have taken place in woman's organization. If nature designed that woman should bear children, and nurse

them too,—if her organization was what it ought to be, the process should agree with her constitution and health. Accordingly, among the Germans, English, Irish, Scotch and Americans, we find women having a large number of children, who seem to improve in their organization, and good looks—certainly do not break down nor early grow old. Such examples are very common in the old country, and are not infrequent here with the foreign element. Such instances, too, were very common formerly in New England.

But, what a change in this respect do we find in the present state of society? Where do we find women from 30 to 40 years of age,—mothers of numerous children,—who have good health and the probabilities of its continuance to old age? Such an instance is certainly very rare. While, on the other hand, how many women in having two or three children, break down in their constitution and health? How many in having only one? And for some reason, many have none! Now, what is it that makes these differences? There must be, somewhere, a cause for these differences. It cannot arise from race, nationality, climate, or any external circumstances, neither can it come from the will-power of the individual. The cause must originate, we believe, in difference or change in organization. In one class of cases physiological laws are favorable to certain results; in the other class, these laws are not so favorable, and there are greater difficulties in the way of their observance.

What, then, is the type or character of the organization most favorable? There is in physiology, we believe, a normal standard, adapted to bring about the highest and best results. The secret of this standard consists in harmony of parts, or a well-balanced organization. In other words, all the organs of the body should be so fully and evenly developed that each shall perform its own respective function without help or hindrance from the others.

The great law of human increase, we believe, is based upon this type or standard, and, consequently, marked deviations from this type impair, more or less, the execution of this law. Unfortunately, large numbers, if not a majority of our New England women, at the present day, are suffering by means of deviations from this standard.

The variations from this normal standard have their effect upon health in the pregnant state, in the changes and preparations that nature makes for the confinement, and in its recuperative powers afterwards. No one thing is more noticeable than the great differences which mark the various stages of this process, as one woman after another passes through it. Admit that a great deal depends upon external agencies, upon care, nursing, etc.—but a powerful influence comes from the organization itself. In some cases, the forces of nature all work in favor, but, in others they do not seem to aid or hold out so well.

But the most important change of all in maternal relations is in the decline of the birth-rate. It is well-known that this, in New England, has fallen off surprisingly within fifty years. From registration reports and other sources, it can be safely stated the birth-rate of our strictly American is not half as large as it was fifty or sixty years ago, and bears about the same proportion to that of the Irish, English, and German women. The birth-rate of France is the lowest of any European nation, but ours is lower than even the French—the lowest of any civilized people on the globe. Now, what does this low birth-rate mean, and how can it be explained? It has been assumed by some writers that our American women are as fertile as the women of other nationalities, and that what makes the great difference in birth-rate, and increase of children, are the “arts of prevention and destruction.” Admitting there has been, and is still a great amount of this inhuman, unnatural practice, it cannot account for

the whole difference. There are multitudes of married persons, we believe, who have never resorted to any such practices. If the sworn testimony of parties could be taken on the subject, it might show a very large majority clear of any such charge. This point is wrapt in such privacy—in such impenetrable secrecy, that it is impossible to get at the real facts.

But the question may very properly be asked, why should there be such a desire or determination to prevent offspring? If there was only now and then a woman disposed to do such a thing, it would not seem so strange, but when great numbers among all classes, do it, and some repeatedly, without apparently any misgivings or compunctions of conscience, what does it mean? How can we account for such a deliberate course of conduct—so unnatural and so inhuman?

The “love of offspring” constitutes one of the most important of the maternal relations. It is the noblest and purest of all the instincts or affections in woman. It was wisely designed that this “love of offspring” should become a leading feature in female character. Accordingly, we find among the women of all nations, this affection very predominant, and the more enlightened and christian a people are, the purer and stronger should be this attachment. But what is unfortunate and strange, we find certain influences in society operating to stifle, to suppress, and crush out this natural affection! It may be truly said this instinct is dying out in New England.

This is manifest as shown in the indifference of mothers about nursing the child; in the unwillingness to assume the responsibility of taking care of children as a mother; in creating a public sentiment that it is unpopular and unfashionable to have a large family. Connected with this sentiment is another creeping into popular favor among our young people,—that the bearing and rearing of children belong to low life and is degrading! Such

a sentiment is shocking, but there is good reason to believe that it prevails extensively, and bids fair to increase more and more.

The cause of this decline in the birth-rate in New England is a question of grave importance. It has been observed that the higher civilization reaches and the greater the cultivation of the mind, the birth-rate declines in a corresponding ratio. All history, it is said, establishes this fact. Now, why is this, and what is the reason? Is it not because the mind is exercised too much at the expense of the body? There are, undoubtedly, other factors, but this must be the principal cause. Upon the same principle, let not only the brain but certain other parts of the body be unduly exercised, thereby withdrawing nutrition from other parts, and we have a one-sided, abnormal development of the system. In this change from unequal exercise, supposing those parts that are particularly active in the functions of propagation should become checked in their development, and weakened in strength and vitality, may we not have an organization similar to that which characterizes a large majority of New England women? If only here and there one was found thus organized, the effects would not be so perceptible in society, nor so serious in final results.

These changes of organization must have great influence on the family. All the laws of maternity sustain, in some way, an intimate relation to this institution. What effect, then, will these changes have upon the family? This question opens up a subject of vast importance. We can refer to only a few points. Divorces constitute the greatest foe of the family. What strengthens and cements the ties between husband and wife so much as children? What makes home so attractive and binds together a family so closely as the living evidences of the parental relation? It is a significant fact that in a vast majority of divorced cases, there are no children, or only one or two. It is

very seldom that a divorce ever occurs where there is a large family. It will require some changes, besides what legislation can effect to prevent divorces.

Another serious evil is, that a great predominance of the nervous temperament does not prove favorable to a good temper or kindly disposition, especially when things in a family do not move along pleasantly or prosperously.

Again; with this ill-balanced, or one-sided organization, there are greater physical weaknesses, more dependence upon domestic help and liabilities to illness and disease. By such means the interests of the family suffer in a variety of ways.

Another point, and not the least in importance is, the effect these changes of organization have upon the sexual propensity itself.

The questions here raised cannot be regarded as unimportant. The writer is fully sensible that, in this discussion he has entered upon new ground, and that his views are radical in their character. He has felt for a long time that there were grave evils growing out of the violation of physiological laws, which threaten the best interests of society. It is the special duty of medical men to investigate these evils, and do all in their power to correct them. In this paper inquiries and suggestions have been the leading features, and not pronounced opinions or attempts to settle great principles.

Neither the profession nor the public are prepared to entertain definite views on the subject. There must be first, investigation, discussion, and criticism. No one realizes more fully than the writer what immense difficulties surround these questions. Before they are fully settled, generations may come and go. But whatever changes may occur in physical organization, and however men shall differ in their opinions, the great laws of physiology, which God has established for the government and highest welfare of his creatures, will remain unchanged.

